



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA  
2720 GATEWAY OAKS DRIVE, SUITE 350  
SACRAMENTO, CA 95833-4304  
TELEPHONE: (916) 263-3100  
FAX (916) 263-3117



## APPLICATION FOR A FICTITIOUS NAME PERMIT

\* \* \*

**\$100 FEE**

(Make check payable to Osteopathic Medical Board of California)

Application is hereby made for a Fictitious Name Permit, as required by Sections 2285 and 2415 of the California Business and Professions Code, and the following statements are submitted under oath. *(Please contact the Board at (916) 263-3100 for name availability prior to submitting your application.) (Please type or print legibly)*

1. Name under which the applicant or applicants will engage in practice:  
\_\_\_\_\_
2. Is the organization an individual, partnership, group or corporation? (Indicate type of organization. ***If corporation, include a copy of the Articles of Incorporation certified by the Secretary of State*** ).  
\_\_\_\_\_
3. Name(s) and license number(s) of applicant(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Address of place or establishment wherein applicant(s) will be practicing: (List all locations. Attach additional sheets, if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is the practice conducted at the above location wholly owned and entirely controlled by you?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. If the answer is NO, give explanation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the information provided in this application is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***FOR CORPORATIONS ONLY***

\_\_\_\_\_  
(Complete Name of Corporation)

I certify that 51% of the above corporation's shares are owned by licensed physician and surgeon, and as such make this declaration for and on behalf of this corporation. I have read the foregoing application and know the contents thereof, and the same is true and accurate to the best of my knowledge.

I declare under penalty of perjury under the laws of the State of California that I have the legal authority to act on behalf of the above corporation and that the information contained in this application and all attachments is true and accurate.

Executed at \_\_\_\_\_, California, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Corporate Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Person to be contacted regarding this application:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Telephone Number Including Area Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code